

LANGUAGE EXCHANGE

Newcomers to Greensboro need a way to connect and learn English so that they can find work and get involved in their own community. What better way to get people talking and connected than through the medium of art.

People from all over the world share their crafting traditions with each other while they learn conversational English. New vocabulary emerges as we create with each other.

All nationalities and levels of English speaking, writing or reading are welcome and we encourage native English speakers to join us to share their language and or crafting



Caldcleugh Multicultural Arts Center

Mailing Address:

200 North Davie Street, Box 2
Greensboro, NC 27401

Physical Address:

1700 Orchard Street
Greensboro, NC 27406

Phone: 336-373-5881

Fax: 336-373-5816

Email: caldcleugh@greensboro-nc.gov

Facebook: Cleughed In

CALDCLEUGH
MULTICULTURAL ARTS
CENTER

CALDCLEUGH CENTER



GREENSBORO
PARKS AND
RECREATION

A WORLD OF ART AND
CULTURE



Meets Fridays
10 am-12 pm
Fee: \$1.00/class



CALDCLEUGH MULTICULTURAL ARTS CENTER PROGRAM REGISTRATION FORM

Please Print (Use Ink)

Program Name _____

Child's Name _____ Name to be used _____

Age _____ Date of Birth _____ Male _____ Female _____ Home Phone _____

Home Address _____ City/State _____ Zip _____

E-mail Address _____

School _____ Grade _____

1) Parent/Guardian Name: _____

Home Phone _____ Work Phone _____

Employer _____

2) Parent/Guardian Name: _____

Home Phone _____ Work Phone _____

Employer _____

Emergency Contacts:

1) Individual _____ Relationship _____

Phone _____

2) Individual _____ Relationship _____

Phone _____

Name, Relationship and Phone # of person(s) other than parent/guardian authorized to pick up

1) _____

2) _____

3) _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____



MEDICAL INFORMATION

Name & describe any medical conditions
(including allergies) _____

Medications

Physician _____

Phone # _____

Dentist _____

Phone # _____

Insurance Information: (coverage for child)

Insurance Co. _____

Policy # _____

Type of Policy _____

Insurance Co. _____

Policy # _____

Type of Policy _____

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PAYMENT RECORD

For office use only:

Amount pd. \$ _____

Date Rec. _____ Receipt # _____

Received by _____

Group assigned _____ Proof of age _____